

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



August 27, 1993

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No. 93-63A

TRANSMITTAL OF ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) 93-63 ON
HUNT V. KIZER POLICY AND PROCEDURES FOR APPLYING OLD MEDICAL BILLS
TOWARD SHARE OF COST

All County Welfare Directors Letter (ACWDL) 93-63A transmits ACWDL 93-63. The accompanying ACWDL 93-63 replaces the previous ACWDL 93-63 version, dated August 24, 1993, distributed to counties in an advance mailing. Although the attached ACWDL 93-63 contains no substantive changes from the previous version, several minor revisions have been made to correct typographical errors and to ensure internal consistency. In addition, counties will receive camera-ready copies of the Hunt Approval Letter and the two Disapproval Letters contained in Exhibit A to ACWDL 93-63 in a separate mailing.

Of the several errors which have been corrected in the attached ACWDL 93-63, the more significant corrections are identified as follows. Section X.A.2 of ACWDL 93-63, p. 29, transmitted in the advance mailing to counties incorrectly stated that: "The Medi-Cal Pamphlet must be provided to individuals...". This has been corrected to read: "The comprehensive beneficiary notice must be provided to individuals...". Under the "LIMITED-TIME REMEDIES" heading at the bottom of page 2 of the previous version of ACWDL 93-63, numbered paragraph 1 read, "...their paid old medical bills...". This has been corrected to read, "... their paid or unpaid old medical bills...". In addition, the last sentence, in numbered paragraph 3 of Section IX.C.3 on page 28 of the previous version of ACWDL 93-63, regarding certification dates for beneficiaries whose SOC has been "adjusted" to zero by counties, has been deleted.

An outline for ACWDL 93-63 and its Exhibits is provided in Exhibit C of ACWDL 93-63. Counties may wish to copy this outline for use as a table of contents.

Sincerely,

ORIGINAL SIGNED BY,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

To obtain enclosure, call the Release desk at (916) 653-8584.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 654-0503

(916) 654-0476 TDD/Relay



March 5, 1993

ATENCIÓN: SI USTED HABLA ESPAÑOL, LLAME POR COBRAR DE ESTACIÓN-DE-ESTACIÓN AL NÚMERO (916) 654-0470.

Dear GHPP Client:

✱ The Genetically Handicapped Persons program (GHPP) has not received a phone call or written response about the new legal requirement to apply for Medi-Cal. You have been sent three letters informing you to apply for Medi-Cal as mandated by Senate Bill 1999 with a due date of January 31, 1993. Please fill out and return the attached forms which document the arrangements you have made to apply for Medi-Cal or provide information on why you should be excluded. **GHPP MUST RECEIVE THIS INFORMATION BY MARCH 31, 1993 OR YOUR CASE WILL BE CLOSED EFFECTIVE APRIL 1, 1993.**

If your case is closed you will still be required to apply to Medi-Cal before you can reapply to GHPP. If you have a GHPP repayment contract, you must pay **ALL OUTSTANDING REPAYMENTS TO GHPP IN FULL AND APPLY TO MEDI-CAL BEFORE REAPPLYING TO GHPP.** If GHPP closes your case, you will be given the right to appeal.

The State is in a serious budget crisis. The new law provides a way to continue GHPP services by shifting a portion of the cost to the federal Medicaid program. (GHPP is funded 100 percent by State revenues. Medi-Cal is funded 50 percent State and 50 percent Federal.) If you are found to be eligible for Medi-Cal, significant State dollars are saved.

To give you an idea of the cost of health care for GHPP conditions and the potential savings, the average annual cost of care is \$17,412 for hemophilia; \$6,793 for cystic fibrosis, and \$1,803 for sickle cell anemia. The overall average annual cost of care for a GHPP patient is \$9,457. Since December 1, 1992, over 100 GHPP patients have been determined to be Medi-Cal eligible, saving at least \$1,000,000 in State dollars this year. Many of you could also be Medi-Cal eligible, saving the State even more money.

A Common misconception about Medi-Cal eligibility is that high income and ownership of a home or car excludes you from Medi-Cal eligibility. A special questionnaire is enclosed to help us decide whether or not you must apply for Medi-Cal at your county welfare office.

A Pamphlet, "Medi-Cal - What It Means To You" is also enclosed. It describes the Medi-Cal program and general eligibility information. We realize that compliance with the new requirement may be both an inconvenience and hardship for you. The reason it is important for you to comply with the law is to allow our limited funds to go farther and to continue GHPP services.

Sincerely,

A handwritten signature in cursive script that reads "Reiko Nagumo".

Reiko Nagumo, Administrator
Genetically Handicapped Persons Program

Enclosures

DEPARTMENT OF HEALTH SERVICES

744 P STREET

BOX 942732

SACRAMENTO, CA 94234-7320



March 5, 1993

(916) 654-0503

(916) 654-0476 TDD/Relay

ATENCIÓN: SI USTED HABLA ESPAÑOL, LLAME POR COBRAR DE ESTACIÓN-DE-ESTACIÓN AL NÚMERO (916) 654-0470.

Dear GHPP Client:

✓ The Genetically Handicapped Persons Program (GHPP) was informed that you were making arrangements to apply for Medi-Cal, or that you have applied for Medi-Cal. To date, GHPP has not received the results of your Medi-Cal application. Please fill out and return the attached forms which document the arrangements you have made to apply for Medi-Cal or provide information on why you should be excluded. GHPP MUST RECEIVE THIS INFORMATION BY MARCH 31, 1993 OR YOUR CASE WILL BE CLOSED EFFECTIVE APRIL 1, 1993.

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Sincerely,

Reiko Nagumo, Administrator
Genetically Handicapped Persons Program

Enclosures

GENETICALLY HANDICAPPED PERSONS PROGRAM
MEDI-CAL APPLICATION CHECK LIST

Please check the lines which apply to you:

1. ☐ I have made the following arrangements to apply to Medi-Cal:
2. ☐ I have applied to Medi-Cal but have not received notice of an interview.
3. ☐ I have applied to Medi-Cal and have had an interview.
☐ Decision is pending
☐ I was denied Medi-Cal because:

☐ I am eligible for Medi-Cal, my number is _____
☐ I am eligible with a share of cost which is \$_____ per month
4. ☐ I have filled out the attached Medi-Cal eligibility screening guide and do not feel I am eligible for Medi-Cal.
5. ☐ I do not wish to apply to Medi-Cal; please close my case.

(Signature)

(Date)

Your Name: _____

GHPP/MEDI-CAL QUESTIONNAIRE

(Information in following paragraph for Spanish speaking/reading population only.)

Atención: Si usted no puede leer este formulario en Inglés y necesita una traducción en Español, llame por cobrar de estación a estación al número (916) 654-0470.

List all adults (include yourself) and children (include unborn) in your household, birthdates, and their relationship:

NAME	DATE OF BIRTH	RELATIONSHIP
		SELF

Please answer the following questions.

A family member (including myself) living in my home is:

	YES	NO
Under 21 years of age or 65 years of age or older?		
In a hospital or skilled nursing or intermediate care facility and expected to stay 30 days?		
Pregnant? If yes, please give name:		
A refugee who entered this country less than eight months ago?		
Blind? If yes, please give name:		
Unable to work because of a physical or mental condition that is expected to last a year or longer? If yes, please give name:		
A child under 21 with absent or deceased parent?		
A child under 21 with an unemployed parent?		
A child under 21 with parent who cannot work for 30 consecutive days or more due to physical or mental condition?		

IF THE ANSWER TO ALL OF THE ABOVE IS "NO", YOU DO NOT NEED TO COMPLETE PAGE 2.

Please return this form to:

Department of Health Services
Genetically Handicapped Persons Program
714 P Street, Room 355
Sacramento, CA 95814

GHPP/MEDI-CAL QUESTIONNAIRE

CHECK EACH ITEM "YES", "NO", AND IF "YES", GIVE VALUE

		YES	NO	VALUE
Non-Business Liquid Resources	Personal checking account?			
	Enter how many accounts: _____			
	Savings or credit union account or trust fund?			
	Enter how many accounts or trust funds: _____			
	IRA, KEOGH, deferred compensation, retirement account or annuity?			
	Enter how many accounts: _____			
	Cash or uncashed checks?			
Non-Business Real Estate	Do not include your home or the property it is on even if you do not live in it. List other houses, land, buildings, mobile homes, or life estates (inside or outside the U.S.) that are not on property which includes your home?			
	Mortgages, promissory notes, deeds of trust, or sales contracts?			
Non-Business Vehicles	Cars, trucks, motorcycles, trailers (any kind), off-road vehicles, airplanes, boats, campers (running or not)?			
	Enter how many vehicles owned: _____			
	Do you owe money on your vehicles?			
Other	Have jewelry (not wedding/engagement, or heirloom) worth more than \$100?			
	Life insurance?			
	Enter how many policies owned: _____			
	Mineral rights or mining claims (oil, gas, coal, etc)?			
	Burial trusts or contracts, insurance, money for burial or cemetery plots, caskets, or other burial items?			
	Enter how many: _____			
	Other non-business assets or resources?			
Income	What is your household's income each month after taxes and deductions?			\$

Please return this form to:

Department of Health Services
 Genetically Handicapped Persons Program
 714 P Street, Room 355
 Sacramento, CA 95814